

A CASE OF EXTRA-UTERINE PREGNANCY WITH PROLONGED RETENTION OF THE FŒTUS.

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IN THE LANCET of June 20th, 1914, p. 1748, there is a report of three cases of advanced extra-uterine pregnancy by Dr. R. Seheult, in two of which the foetus appears to have been retained within the abdomen for a year or more before operation—in one for seven, in the other for five months after its death, which seems in each case to have occurred at about the seventh month. In the following case also the foetus would seem to have died at the seventh month, but must have been retained for at least two years; and it had also undergone putrefaction, which does not seem to have occurred in Dr. Seheult's cases.

The patient, a Mahomedan woman of about 25 years of age, was first admitted into the Zenana Mission Hospital, Bhiwani, Punjab, on Feb. 6th, 1913, with an abdominal tumour, fever, and the following history. She had no children, but a year ago was apparently seven months pregnant. According to her statements there was then milk in the breasts and she felt foetal movements. But during the seventh month she fell against a low bed, and after this the abdomen ceased to increase in size, and the catamenia reappeared, but were rather scanty, lasting three or four days, with some pain. Examination (in February, 1913) showed an apparently central hypogastric tumour of firm consistence, extending upwards about an inch above the umbilicus. Neither foetal heart sounds nor uterine souffle could be detected. Per vaginam no fornix pulsation could be felt, and a hard swelling seemed to occupy the pelvis, slightly more to the right side than the left, and apparently connected with the cervix, which was somewhat soft and purplish-looking. The right Fallopian tube was easily palpated. The uterine sound was found to enter half an inch beyond normal length, turning towards the left side, and the cavity of the uterus seemed to be somewhat enlarged. There was no cachexia or emaciation.

The patient remained under observation for a week, during which time her temperature was of "hectic" type, ranging from about normal to 102·8° F. It seemed possible that this might be due to tuberculous disease of the lungs, for though well-nourished she gave a history of fever and cough for six months, and doubtful physical signs were detected at the right apex. After a week's stay she refused operative treatment and left the hospital. She was readmitted on March 17th, 1914—i.e., more than a year later—complaining of sterility, dysmenorrhœa, and pelvic pain, which she now said had been present for two years and five months—i.e., since the growth of the foetus had ceased. There was now no fever and no obvious abdominal tumour, but on bimanual examination a mass could be felt mainly on the left side, dragging the uterus over in that direction. She was in good general condition, with no chest symptoms, and was now anxious for operation, which was performed on March 23rd, 1914.

Operation was as follows. On exploring the

lower abdomen the mass above mentioned was found to be the sac of an extra-uterine foetation, all the lower part of which was densely adherent to the surrounding viscera, so that its anatomical relations could not be defined. It ruptured during removal, and the contents were found to be putrid, with very offensive odour. The foetus was disintegrated and represented only by separate cranial bones, ribs, &c., in a necrosed condition. In attempting to separate a thickened portion of the sac, probably representing the placental site, from the colon a large rent was made in the latter. The thickened edges of this were pared and secured with a double row of sutures; and as it seemed impossible to extirpate the whole of the sac, an attempt was made to suture the remains of its wall into the lower angle of the abdominal wound, where a large drainage-tube with a gauze wick and some gauze packing were inserted, the rest of the wound being closed with through and through sutures.

With regard to the after-progress, the patient's temperature rose the night after the operation to 102° and her pulse was 108 per minute. As it seemed obvious that she could not have escaped severe septic infection, 50 c.c. of antistreptococcic serum (B. W. and Co.) were injected next day, and she was kept in Fowler's position, with saline injections, &c. There was a little bronchitis at the end of the first week, and the patient continued very ill for about a fortnight, her temperature scarcely ever dropping below 100° at any time and varying from 101° to 103° in the evening; the pulse ranged from 100 to 120, but by April 2nd it had dropped to 96. There was very profuse suppuration from the remnants of the sac, and for a long while the dressings had to be changed twice daily, the pus being so offensive that it was feared a faecal fistula must be forming. The patient escaped this complication, but had considerable pain in the left lumbar and hypochondriac regions, apparently due to the formation of a secondary abscess there, for it gradually subsided after the introduction of a drainage-tube along a track which was found to extend in that direction from the abdominal wound. This was gradually shortened, and finally left out on May 18th. Convalescence was prolonged, and the temperature continued to show an evening rise, usually to 99°–100°. On May 15th it rose suddenly to 104·2°, and on the 21st to 103·2°, probably owing to malaria. But when the patient left hospital on May 29th she appeared to be in fair health with no pain anywhere, and the wound was practically healed.

The special interest of this case lies in the length of time the foetus must have remained encysted in the abdominal cavity without giving rise to urgent symptoms, in spite of its having undergone putrefaction. It would seem as if the patient must have developed a partial immunity to the septic infection; for her temperature, which was swinging at the time of her first sojourn in hospital, was normal (97·4°–99°) when she was readmitted a year later, and her general condition was good. The source of the putrefactive organisms was probably the bowel, from which they may have gained access to the foetus *via* the placental site, or possibly through a small perforation there in the midst of the adhesions.

I am indebted to my colleague, Dr. M. R. Bisset, for the notes of the case during the patient's former stay in the hospital.

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